

**Statement of Organization  
Recipient Committee**

Type or printing ink

STATEMENT OF ORGANIZATION

Statement Type ☐ Initial

Not yet qualified ☐ or

☒ Amendment  
List I.D. number:

☐ Termination - See Part 5  
List I.D. number:

# 1270683

#

Date qualified as committee

Date qualified as committee  
(if applicable)

Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Small Business Action Committee PAC, No on 30/Yes on 32, citizens for reforming Sacramento

STREET ADDRESS (NO P.O. BOX)

30011 Ivy Glenn Drive, Suite 223

CITY

Laguna Niguel, CA 92677

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

949 495-3314

OPTIONAL: FAX / E-MAIL ADDRESS

james.lacy@ewerilacy.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

James V. Lacy

STREET ADDRESS (NO P.O. BOX)

30011 Ivy Glenn Drive #223

CITY

Laguna Niguel, CA 92677

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Barrett Garcia

STREET ADDRESS (NO P.O. BOX)

32302 Camino Capistrano #214

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Juan Capistrano, CA 92675

NAME OF PRINCIPAL OFFICER(S)

Joel Fox

STREET ADDRESS (NO P.O. BOX)

17939 Chatsworth St., #252

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Granada Hills, CA 91344

818 363-7599

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/03/2012

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

www.neffile.com

FPPC Form 410 (April/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Small Business Action Committee PAC, No on 30/Yes on 32, citizens for reforming Sacramento

STATEMENT OF ORGANIZATION  
CALIFORNIA  
FORM  
**410**

ID NUMBER  
1270683

2 of 3

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
Political contributions by payroll deduction; contributions to candidates 32	State	SUPPORT <input checked="" type="checkbox"/> OPPOSE
Temporary taxes to fund education. Guaranteed local public safety funding 30	State	SUPPORT <input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION  
CALIFORNIA  
FORM **410**

3 of 3

## COMMITTEE NAME

Small Business Action Committee PAC, No on 30/Yes on 32, citizens for reforming Sacramento

ID NUMBER

1270683

## 4. Type of Committee (Continued)

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box.

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

## NAME OF SPONSOR

Small Business Action Committee

## INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small business

STREET ADDRESS NO. AND STREET

30011 Ivy Glenn Drive Suite 223

CITY

Laguna Niguel, CA 92677

STATE

ZIP CODE

### Small Contributor Committee

☐ \_\_\_\_\_  
Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

## Accepted F410-1270683

From: **cafiler@prodclmfile.ss.ca.gov**

Sent: Wed 10/03/12 11:00 AM

To: **barrettgarcia@hotmail.com**

CAL-ACCESS -- California Financial Disclosure Filing Acknowledgement  
CAParse Version 2.01 CAL Format 2.01 Build: 23 Build Date 7/16/02  
This is to acknowledge the receipt and acceptance of your electronic  
filing to the California Secretary of State.

Filer: (1270683) SMALL BUSINESS ACTION COMMITTEE PAC.  
Your filing of a form F410 amendment 7 was received and accepted by our system  
Wed Oct 3 10:55:50 2012,  
and was assigned the Filing ID of: CA-1099624

Please make a note of this, as it will be necessary to refer to this  
information in the future.

Thank you for using electronic filing.

For your reference, the output of the validation check was as follows:

CACheck Version 2.01 CAL Format 2.01 Build: 20 Date 12/14/01

# RQD -- Required Field Review  
# FLC -- Field Length Checking  
# SDT -- Syntax checking (Date)  
# SAT -- Syntax checking (Amount)  
# ZIP -- Syntax checking (ZIP CODE)  
# SLC -- List checking  
# CUR -- Customized Checking  
# ARR -- Arithmetic Checking  
# CHK -- CheckBox Checking  
# FNC -- Number of Fields Checking  
# TIC -- Transaction ID Checking

\*\*\*\*\*  
This is a warning for line: 2  
Form/Schedule: F410 Record Type: CVR  
Filer's county of domicile, residence, or location is missing. Field: 20  
Refer to the CAL format version 2.01 for details or call your vendor.

-----Record Details-----  
CVR<--1,F410<--2,1270683<--3,RCP<--4,Small Business Action Committee PAC, No on  
30/Yes on 32, citizens for reforming Sacramento<--5,  
?<--6,?<--7,?<--8,007<--9,20121003<--10,?<--11,20040930<--12,?<--13,  
30011 Ivy Glenn Drive, Suite 223<--14,?<--15,Laguna Niguel<--16,CA<--17,  
92677<--18,949 495-3314<--19,?<--20,?<--21,?<--22,?<--23,?<--24,?<--25,  
?<--26,?<--27,james.lacy@wewerlacy.com<--28,Lacy<--29,James V.<--30,  
?<--31,?<--32,30011 Ivy Glenn Drive #223<--33,?<--34,Laguna Niguel<--35,  
CA<--36,92677<--37,949 495-3314<--38,?<--39,?<--40,?<--41,?<--42,  
?<--43,?<--44,?<--45,?<--46,?<--47,?<--48,?<--49,?<--50,?<--51,?<--52,  
?<--53,?<--54,?<--55,?<--56,?<--57,?<--58,?<--59  
-----End Details-----

RQD,W,2,CVR,F410,1270683,20,,A required piece of information is missing.

\*\*\*\*\*